## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE IEEE and PUBLICATION IEEE (if required). Blocks 1 through 5 should be completed where accordance A BL further correspondence including the Issuer advances, orders and notification of intensary forces will be mysled to the current correspondence including the Issuer advances, orders and notification of intensary forces will be mysled to the current correspondence including the Issuer advances, orders and notification of intensary forces will be mysled to the current correspondence and accordance and the Issuer advances or other and notification of intensary for intensary forces and notification of intensary for inte

indicated unless correct maintenance fee notifica	ed below or directed of	herwise in Block 1, by (	a) specifying a new corre	spondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of uddress)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
535		1/2008			ificate of Mailing or Trans	
K.F. ROSS P.C. 5683 RIVERDALE AVENUE SUITE 203 BOX 900				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
BRONX, NY 10	0471-0900					(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	:	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,933	02/21/2007		Christian Lackas		23590	9107
	-				WEEN OBJECT AND DET	-
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		
nonprovisional	NO	\$1510	\$300	\$0 1	\$1810	01/26/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	J		
		2884	250-363050			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122) attached.  The Address' indication (or "Fee Address" Indication form PTO/SB/47; Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the pasted front page, list  (1) the names of up to 3 registered patent attorneys  (2) the names of a single firm (having as a member a registered nature) or agents and the names of up to 2 registered patent attorneys or agent. If no name is sited, no name wilb pertitace.			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	dess an assignee is ident th in 37 CFR 3.11. Comp	tified below, no assignee pletion of this form is NO	THE PATENT (print or ty, data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY GOTTINGEN, GE	natent. If an assigne assignment. And STATE OR C	e is identified below, the o	document has been filed for
Please check the appropr	riate assignee category or	categories (will not be po	rinted on the patent):	Individual 🖵 Co	rporation or other private gr	oup entity 🚨 Governmen
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)			ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by enclosed: Between PROCOSBRIKEMENDER.  EFS  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
	ntus (from status indicate ns SMALL ENTITY stati		☐ b. Apolicant is no lon	oer claiming SMAI	L ENTITY status. See 37 C	FR 1.27(e)(2)
NOTE: The Issue Fee ar	nd Publication Fee (if rea		d from anyone other than t		tered attorney or agent; or t	
	_/Andrew Wilfo		ome	Date 15 3	January 2009	
Typed or printed name Andrew Wilford			Registration No. 26,597			
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	nation is required by 37 C ntiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DC 313-1450.	CFR 1.311. The informatic i U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain or 1.14. This collection is es r depending upon the indi e Chief Information Offic COMPLETED FORMS T	retain a benefit by the timated to take 12 no vidual case. Any con- er, U.S. Patent and 7 O THIS ADDRESS.	te public which is to file (an inutes to complete, includi imments on the amount of ti frademark Office, U.S. Dep SEND TO: Commissioner	d by the USPTO to process ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.